## MULTIPLE DEP DENT CLAIM FEE CALCULATION SHEET

FILING DATE

 $\sqrt{}$ 

(FOR USE WITH FORM PTO-875)

SERIAL NO.

## **CLAIMS**

|                 | AS FILED      |                   | AFTER 1 AMENDMENT |          | AFTER 2 ™ AMENDMENT |          |
|-----------------|---------------|-------------------|-------------------|----------|---------------------|----------|
|                 | IŅD.          | DEP.              | IND.              | DEP.     | IND.                | DEP.     |
| 1               | $\perp \perp$ |                   |                   |          |                     |          |
| 2               |               |                   |                   |          |                     |          |
| 3               |               | $ \mathcal{Q} $   |                   |          |                     |          |
| 4               |               | $\mathcal{G}$     |                   | ļi       |                     |          |
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| <u>8</u><br>9   |               | <del>  18</del>   |                   |          |                     |          |
| 10              |               | 8                 |                   |          |                     |          |
| 11              |               | 198               |                   |          |                     |          |
| 12              |               | <del>  7K  </del> |                   |          |                     |          |
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| TOTAL IND.      |               | ♣                 |                   | ♣        |                     | •        |
| TOTAL DEP.      | 11            | <b>4</b>          |                   | <b>4</b> |                     | <b>4</b> |
| TOTAL<br>CLAIMS | 12            |                   | ,                 |          |                     |          |
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| 18              |  |           |  |  |  |  |  |  |  |  |
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|                 | AS FILED   |           | AFTER 1 AMENDMENT                                |  | AFTER 2 MAMENDMENT                               |  |  |  |  |  |
|                 | IND.   | DEP.      | IND.   | DEP.   | IND.   | DEP.   |  |  |  |  |
| 51              | $ldsymbol{\square}$                              |           | <u> </u>   |  |  |  |  |  |  |  |
| 52              | <b></b>  |           | <b>}</b>   | <u> </u>   |  | <u> </u>   |  |  |  |  |
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| 56<br>57        |  |           |  | <b>—</b> —                                       | <b></b>  | <u> </u>   |  |  |  |  |
| 57<br>59        |  | <b>——</b> | }  | <b>  </b>  | <b></b>  | <del></del>                                      |  |  |  |  |
| 58<br>50        |  |           | <del> </del>                                     | <del>  </del>                                    | <b> </b>   | <del>                                     </del> |  |  |  |  |
| 59<br>60        |  |           | <del>                                     </del> | <del>                                     </del> | <b> </b>   | <del>                                     </del> |  |  |  |  |
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| 90              | ]  |           |  |  |  |  |  |  |  |  |
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| TOTAL IND.      |  | •         |  | ♣  |  | <b>₽</b>   |  |  |  |  |
| TOTAL DEP.      |  | •         |  | •  |  | <b>4</b>   |  |  |  |  |
| TOTAL<br>CLAIMS | ļ [  |           |  |  |  |  |  |  |  |  |
| Jane Sairt D    | U.S. DEPARTMENT of COMMERCE                      |           |  |  |  |  |  |  |  |  |

PTO - 1360 (REV. 11/04)

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